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FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | ORGANIZAT | TON | | |
|-------------------------------|--------------------------------------------------|----------------------------------------------------------------------------|------------|---------------------------------|
| i Oitim i | (See instructions) | | | Office use only |
| NAME OF COMMITTEE (in f | (Check if name is changed) | Example: If typying, type over the lines | 12FE4M5 | |
| Freedom Fund | | | | |
| | | | | |
| ADDRESS (number and s | treet) 1155 21st Street, NW | <u> </u> | | 1111111 |
| (Check if address is changed) | Suite 300 | <u> </u> | 1111 | 1 1 1 1 1 1 1 1 |
| | Washington | | L DC | 20036 - |
| | CIT | TY▲ | STATE | ZIP CODE 📥 |
| COMMITTEE'S E-MAI | ADDRESS (Please provide only one e-mail | | | |
| (Check if address is changed) | mgkelley@wms-jen.con | n | | |
| | | | | |
| (Check if address is changed) | PAGE ADDRESS (URL) | | | |
| 2. DATE 0 3 | / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | | , | |
| 3. FEC IDENTIFICA | TION NUMBER C | C00390674 | | |
| 4. IS THIS STATEM | ENT NEW (N) OR | X AMENDED (A) | | |
| I certify that I have examin | ned this Statement and to the best of my knowled | dge and belief it is true, correct an | d complete | |
| | Lance Mallest | | | |
| Type or Print Name of | reasurer Lance Roibet | | | |
| Signature of Treasurer | Electronically Filed by Lance Kolbet | <u>t</u> | Date 03 | 31 / 2009 |
| NOTE: Submission of fals | se, erroneous, or incomplete information may sub | | | es of 2 U.S.C. S437g. |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 | | FEC FORM 1 (Revised 02/2009) |